(050) Carr	ier Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
			32.	Page 2 of 8
<010>	Study Area Name		448036 Texas 10, LLC	
<015> <020>	Study Area Name Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number			
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	menation.com	
Contact In	oformation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Dri	ve Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	
A	d At Information			
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
	· · · ·			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address	.		

Page 3 of 8

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448036 CPRd TX.zip	
110030_0110_111.010	

Coverage and Performace attachments

<141>

: <a1></a1>	<82>	<a3></a3>	461 5	<62>	<635	<c1></c1>	*c2>	<c3> :</c3>	<d>></d>
State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	-			ee attach	ed works	heet	<u> </u>		
			# <u>=</u>						

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Approved by OMB	
OMB Control No. 3050-1	100
Page 4 of 8	

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	ertification of Officer or	Employee as to Compliance with 47 CF	R §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texa	s 10, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017		
Printed name of Authorized Officer:	Chad Strausbaugh				
Title or position of Authorized Officer:	Staff Counsel				
Telephone number of Authorized Officer:	6105356474 ext.				
Study Area Code of Reporting Carrier:	448036	Filing Due Date for this form:	7/03/2017		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
rrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the					
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ider Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	zed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	ized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on ny knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	nt:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	l Lands Reporting			FCC Form 690
				Approved by OM8
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448036	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
-1.125	Country			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	•			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	ent (pdf)	
		,	ver all	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

.4.6.		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
45.		Page 6 of 8
<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
	·	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	397124.92
<203>	Total Mobility Fund Support Disbursed	377585.90
<210>	Actual Completion Date	08/13/2015
12102	Actual completion date	00/13/2013
<211>	Project Status Description (attached)	448036_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	•
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	<u> </u>
<216>	Project Budget Status	/
<217>	Project Plan Status	/

● 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service ?

(101) Certification - Reporting Carrier	FCC Form 690
The state of the s	Approved by OMB
74	MB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: CERTIFIED ONLINE Date 06/28/2017 Signature of Authorized Officer: Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/03/2017 448036 Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448036
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting car also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	nt		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier		
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	334, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

Study Area Code	448036
Study Area Name	Texas 10, LLC
Program Year	2017
Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year	08/2016 - 07/2017
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>

<141>

Certify that Total Road Coverage and Road Miles Resident **Total Resident** Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Newly Reached by Service Reached by per Census Population per **Block Newly** Census Block (yes/no) Block Reached Census Block Service State County Census Block San Augustine 0000 Yes 0.0 0.0 0.0 тх

Percentage of Total
Percentage of
Total Population
Reached by
Service

Percentage of Total
Road Miles covered
by Service

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 448036

County/State: San Augustine, TX Total Award Amount: \$397,124.42

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting Jection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 on Estimate per Respondent: 18 Hours
	Study Area Code	448037	<i>F</i>	ccepted / Filed
	Study Area Name	Texas 10, LLC		JUN 29 2017
<020>	Program Year	2017	Fede	ral Communications Commission
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
	e en 1988 en 1808 kantan (jaren 1982) en 1898	TA LANTING AND AND AND AND THE STATE OF THE AND	NAME AND ASSESSED OF THE PARTY	YKSEALANIANIN KSEKALANISI KALANIANIN NINGHERIKANIN KSEKALANIN KSEKA
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y)	<u>(N)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

upiwa sumbanim				
(050) Cari	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
-010 5	Study Aven Code		440027	
<010> <015>	Study Area Code Study Area Name		448037 Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbaugh@cellonenation.com	***************************************
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Destate the Number	17235110		
<111>	500 0 1 11	Texas 10, LLC		
<112>		Texas 10, LLC	· · · · · · · · · · · · · · · · · · ·	
<113>		1170 Devon Park Dri	ve Suite 104	
<114>	•	Wayne	ve, suite 104	
<115>	•			
<116>	7. 0.1.	PA		
<117>	Tolophono Number	19087		
<118>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
11132		cstrausbaugh@cellon	enation.com	
Contact In	nformation			
	if same as above, indicate in this box			
<120>		Chad Strausbaugh		
<121>	-	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ze_Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		· · · · · · · · · · · · · · · · · · ·
<128>	Email Address	cstrausbaugh@cellone	enation.com	
	-			
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
	Email Address			
<138>	Email Address			·

<010> <015>	Study Area Code	448037
		OMB Control No. 3060-1185 Page 3 of 8
(060) Ca	verage and Performance Report	FCC Form 690 Ap proved by OMB

<010>	Study Area Code	448037	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2016 - 07/2017		

	448037_CPRd_TX.zip
Coverage and Performace attachments	

<141> Ga2> Ga3> Gb1> Gb2> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident | Miles Census covered Performance data Population Resident Population per Block per is uploaded Population per Newly Reached Reached by Newly Census Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Page 4 of 8

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	Certification of Officer or E	nployee as to Compliance with 47 CFR §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017	•	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448037	Filing Due Date for this form: 07/03/2017		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting			
carrier. I also certify that I am an officer or employee of the re	eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the		
authorized agent; and, to the best of my knowledge, the repo	ts and data provided to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
as agent for the reporting carrier, certify that I am authorize lata provided by the reporting carrier; and, to the best of my	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on I knowledge, the information reported herein is accurate.
ame of Reporting Carrier:	
lame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
ame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

				\$\$P\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
080) 1702	ll Lands Reporting				orm 690
					ved by OMB Cantrol No. 3060-1185
				Page 5	
				ocominamino de la comina de la c	
<010>	Study Area Code		448037		
<015> <020>	Study Area Name Program Year		Texas 10, LLC		
<030>	Contact Name - Person USAC should contact regarding t	this data	2017 Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identifie				
<039>	Contact Email Address - Email Address of person identif	ied in data line <0		nation.com	
~1A2\	State				
<142>	State				
<143>	County				
					-
<144>	Tribal Land(s) on which ETC Serves				

<145>	Tribal Government Engagement Obligation				
		Name of Attached D	Document (.pdf)		
	If your company serves Tribal lands, please select (Yes, N	No. Not Applicable	a) for		
	each of these boxes to confirm the status described on t		,		
	PDF, on line 145, demonstrates coordination with the T	ribal			
	government pursuant to § 54.1004 includes:				
		ſ			
			Select		
<146>	Needs assessment and deployment planning with a foci	us on Tribal	(Yes, No, Not Applicable)		
	community anchor institutions;				
<147>	Feasibility and sustainability planning;	ļ			
<148>	Marketing services in a culturally sensitive manner;	İ			
<149>	Compliance with Rights of way processes	l			
<150>	Compliance with Land Use permitting requirements	ŀ			
<151>	Compliance with Facilities Siting rules	,			
<152>	Compliance with Environmental Review processes	ļ			
<153>	Compliance with Cultural Preservation review processes				

Compliance with Tribal Business and Licensing requirements.

<154>

		H///2457857////8557/		
(090) Project	Update Information		FCC Form 690	
			Approved by OMB	
			OMB Control No. 3060-1185	
			Page 6 of 8	
<010>	Study Area Code	448037		
<015>	Study Area Name	Texas 10	, LLC	
<020>	Program Year	2017		
<030>	Contact Name - Person USAC should contact regarding this data	Chad Stra	ausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	61053564	74 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausba	augh@cellonenation.com	
<200>	Date Authorized to Receive Support	08/1	6/2013	•
<201>	Targeted Completion Date	08/1	7/2015	
<202>	Total Mobility Fund Support Awarded	2250	00.00	
<203>	Total Mobility Fund Support Disbursed	2228	17.50]
		_		1
<210>	Actual Completion Date	08/	13/2015	l
<211>	Project Status Description (attached)	4480	037_PSD_TX.pdf	1
		ŀ		
		(8/22	ne of PDF attached}]
	Please check these boxes below to confirm that the attached PDF, on line	{iwai	ne of FDF attached	
	•			
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information			
-212-	shall be submitted as appropriate.		¬	
<212>	Status of Network Deployment - Network Design			
<213>	Status of Network Deployment - Construction	<u> </u>	_	
<214>	Status of Network Deployment - Deployment		_	
<215>	Status of Network Deployment - Maintenance		⊣	
<216>	Project Budget Status	<u> </u>	⊣	
<217>	Project Plan Status			

● 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service ?

OMB Co.	ed by OM8 ntrol No: 3060-1185
Page 7 o	f8

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017			
Printed name of Authorized Officer: Chad Strausbaugh				
Fitle or position of Authorized Officer:				
Telephone number of Authorized Officer: 6105356474 ext.				
Study Area Code of Reporting Carrier: 448037	Filing Due Date for this form: 07/03/2017			

	Walliam and the second of the	CONTROL OF THE PARTY OF THE PAR	
[102] Cartification - Agent Carrier			FCC Form 690
(102) Certification - Agent / Carrier			FCC FORM 050
			Approved by OMB
			OMB Control No. 3060-1185
			UMB CONTOLNO, 3000-1103
			Page 8 of 8

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier:		zed to submit the information reported on behalf of the reporting carrier. I yy of the data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports an		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form	:
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Commun under Title 18 of the United States Code, 18 U.S.C	ications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
	rized to submit the reports for Mobility Fund recipients on beha arrier; and, to the best of my knowledge, the information repor			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Age	nt:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form ca	n be punished by fine or forfeiture under the Communications Act of 19	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title		

Attachments

		CONTROL OF THE STATE OF THE STA
(060) Coverage and Performance Report		FCC Form 690
		ALL
	La contract of the contract of	Approved by OMB
		OMB Control No. 3060-1185
		The Annual Control of the Control of

<010>	Study Area Code	448037
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

Resident Total Resident Road Miles Performance Resident Population Resident Road Miles Performance	<a1></a1>	<82>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	(c2)	<c3></c3>	\$\$*
		County	Census Block	Resident Population per	Resident Population Newly Reached	Total Resident Population Reached by	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per	Certify that Coverage and Performacne data is uploaded
	TX	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes
		<u> </u>								
									,	
										
									•/	
								-		
						<u></u>				
		1								

0	Percentage of Total
Percentage of	Road Miles covered
Total Population	by Service
Reached by	
Service	

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 448037

County/State: Shelby, TX

Total Award Amount: \$225,000.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448038	Accepted / Filed
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	JUN 29 2017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
SOUTH SEE	THE STATE OF THE ST	THE TOTAL PROPERTY OF THE PROP	n kan katan 1988 dan bisan maka santa makamuna da kan mana saka santa kan katan kan kan kan kan kan kan kan ka
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	<u>(/N)</u> <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
nanananan mina				
<010>	Study Area Code		448038	
<015>	Study Area Name		Texas 10, LLC	
<020> <030>	Program Year Contact Name - Person USAC should contact regarding	this data	2017 Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	-			
	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC	0.75	
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	enation.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information			
4120	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City	,		
<134>	State			
<135>	Zip-Code .	·		
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB OMB Control No., 3060-1185
	Page 3 of 8

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	448038_CPRd_TX.zip	
Coverage and Performace attachments		

<141> Total Road Certify that Road Road Miles per Miles Coverage and Total Resident Performance data Resident Miles Census covered is uploaded Population Population Resident Block per Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
--

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		mployee as to Compliance with 47 CFR §54.1009(a)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448038	Filing Due Date for this form: 07/03/2017	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting	
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibi		
authorized agent; and, to the best of my knowledge, the reports and data provided to the au	thorized agent is accurate,	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer or Employee:	Date:	
Printed name of Authorized Officer or Employee:		
Title or position of Authorized Officer or Employee:		
Telephone number of Authorized Officer or Employee:		
Study Area Code of Reporting Carrier: Filing Due	Date for this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
	to submit the certification on behalf of the reporting carrier; I have provided the data reported herei	n based on
data provided by the reporting carrier; and, to the best of m	nowledge, the information reported nerein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Agen		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprison Title 18 of the United States Code, 18 U.S.C. § 1001.	ment under

180) Triba	I Lands Reporting			FCC Form 690 Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448038	
<015>	Study Area Code Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
12111				
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	ent (.pdf)	
		Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	, , , , ,
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
	Million King St. Sammer of the section of the secti	
<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	199620.00
<203>	Total Mobility Fund Support Disbursed	192273.98
<210>	Actual Completion Date	07/24/2015
<211>	Project Status Description (attached)	448038_PSD_TX.pdf
	, ,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	(Name of For attached)
	211, contains a project status pursuant to \$54.1005(b)(2)(v). The information	
242	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	—
<213>	Status of Network Deployment - Construction	↓ ✓
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	

⊙ 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service?

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the report best of my knowledge, the information i		include ensuring the accuracy of the reporting requirements attachments is accurate.	nts for Mobility Fund recipients; and, to the
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer	6105356474 ext.		
Study Area Code of Reporting Carrier:	448038	Filing Due Date for this form: 07/03/2017	

	AND REAL PROPERTY OF THE PROPE
(102) Certification - Agent / Carrier	FCC Form 690
(102) CERTICATION - Agents Carrier	,
	Approved by OMB
	Approved by Divid
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	is authorized to subn r; my responsibilities include ensuring the accuracy of the dat and data provided to the authorized agent is accurate.	nit the information reported on behalf of the reporting carrier. I ta reporting requirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of under Title 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
litle or position of Authorized Agent or Employee of Agen	nt	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1: 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

	The state of the s	
(A)		
torol e de la companya de la company		FCC Form 690
(060) Coverage and Performance Report		
		Approved by OMB
		leter, placet time from the Alexan Televisia (Intelligence Intelligence Intelligence Intelligence Intelligence
		OMB Control No. 3060-1185
		ACTAIN WOLLD OF SAME TOWNS A VOID

<010>	Study Area Code	448038
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<a1></a1>	<a25< th=""><th><=3></th><th> <</th><th><b2></b2></th><th><b3></b3></th><th><c1></c1></th><th><c2></c2></th><th>4c3></th><th>cd></th></a25<>	<=3>	 <	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	4c3>	cd>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Shelby	0000	0	0	0	0.0	0.0	0.0	Yes
									-
							, n. a. a. u.		
	<u> </u>								
								-	

0	Percentage of Total	0
Percentage of	Road Miles covered	
Total Population	by Service	
Reached by		
Service		

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 448038

County/State: Shelby, TX

Total Award Amount: \$199,620.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - \$54,1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448039	
<015>	Study Area Name	Texas 10, LLC	Aecepted / Filed
<020>	Program Year	2017	Accepted / 1 iiou
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
\$2.003.904467/j	ing a superior of the superior		and the second
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y	<u>/N)</u> <040>
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill		<u>(N)</u> <040>
<040>		led with the Form 481 reporting	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
uensuus (1871)		mesuamansamamasasamamasasanan		
<010>	Study Area Code		448039	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	is data	2017	
<030> <035>	Contact Name - Person USAC should contact regarding the Contact Telephone Number - Number of person identified		Chad Strausbaugh 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie		cstrausbaugh@cellonenation.com	
				-
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address			
		cstrausbaugh@cellon	enation.com	
Contact Ir	.formation			
COMITACL III	if same as above, indicate in this box			
<120>	Name (Class Add Land Coefficial	at - 3		
<121>		Chad Strausbaugh Texas 10, LLC		
<122>	Church Address (on DO Bow)			
	•	1170 Devon Park Driv	ve. Suite 104	
<123>	•	Wayne		
<124>		PA		
<125>	-	19087		
<126>	•	6105356474 ext.		
<127>	-	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information			
- Authorize	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
	_			
<133>	City _			
<134>	State	· · · · · · · · · · · · · · · · · · ·		
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance	Report		FCC For	m 690
			Ap prov	red by OMB
				ontrol No. 3060-1185
			Page 3	of 8

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448039_CPRd_TX.zip		

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<e3></e3>	<b1></b1>	<b2></b2>	<63>	kc1>	<02>	<c3></c3>	<d>>d></d>
							*			
									Total	
								Road	Road	Certify that
					Resident	Total Resident	Road Miles	Miles per Census	Miles covered	Coverage and Performance data
					Population Newly Reached	Population	per Census	Block Newly	per Census	is uploaded (Yes/no)
	State	County			by Service		Block		Block	(res/iio)
				(ee attach	ed worksl	neet			
										

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
I/DYOL Heban Data Comparability Factification Compliance	H.I. FORM BALL
(a) of or part trate combaneously ceremental combination	
	Approved by OMB
	pp.v.c.voj vv
	OM8 Control No. 3060-1185
	Onio Califoli No. 3000-1203
	Page 4 of 8
	raction

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

(Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009	(a)(4)				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.							
Name of Reporting Carrier: Texa	as 10, LLC						
ignature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017				
rinted name of Authorized Officer:	Chad Strausbaugh						
itle or position of Authorized Officer:	Staff Counsel						
elephone number of Authorized Officer:	6105356474 ext.						
tudy Area Code of Reporting Carrier:	448039	Filing Due Date for this form: 07/03/2017					

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file	Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	sponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provided	o the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Fi	ling Due Date for this form:
	ture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ed States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

80) Triba	l Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448039	
<015>	Study Area Code Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identi		cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
\1 -1 -2>	County			
<144>	Tribal Land(s) on which ETC Serves			
.4 AF.	Talkal Courses at Farmana at Obligation			
<145>	Tribal Government Engagement Obligation	Name of Attacked Dr.	ant (ndf)	
		Name of Attached Docum	ent (.puj)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No. Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	-
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

un round a succession and a		
(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	203139.00
<203>	Total Mobility Fund Support Disbursed	201838.91
<210>	Actual Completion Date	08/13/2015
<211>	Project Status Description (attached)	448039_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	•
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	-
<216>	Project Budget Status	
<217>	Project Plan Status	
	•	

● 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service ?

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients					
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 1	0, LLC				
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh				
itle or position of Authorized Officer:	Staff Counsel				
elephone number of Authorized Officer:	6105356474 ext.				
itudy Area Code of Reporting Carrier:	448039	Filing Due Date for this form:	07/03/2017		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier Approved by OMB OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. lalso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:		Date:		
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C under Title 18 of the United States Code, 18 U.S.C. § 1001.	C. §§ 502, 503(b), or fine or imprisonment		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee	gent: Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Emp	e of Agent			
Telephone number of Authorized Agent or I	oyee of Agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statemen	n this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Tii 18 of the United States Code, 18 U.S.C. § 1001.	tle		

Attachments

(060) Coverage and Performance Report Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448039
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

(a) (a) (a) (b) (b) (c) (c) (c) (c) (c) <141> Certify that **Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Newly Reached by Service Reached by per Census Block Newly Population per Census Block (yes/no) Block Reached Service Census Block Census Block State County Shelby Yes TX 0.0 0.0 0.0

0	Percentage of Total	0
Percentage of	Road Miles covered	
Total Population	by Service	
Reached by		
Service		

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

Project Status Description

Item: SAC 448039

County/State: Shelby, TX

Total Award Amount: \$203,139.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund 954.1009 Annual Reporting Jection Form		Avg. Burden	FCC Form Approved by OMB OMB 3060-1185 Estimate per Respondent: 18 Hours
<010>	Study Area Code	448040		
<015>	Study Area Name	Texas 10, LLC	Accep	ited / Filed
<020>	Program Year	2017		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		2 9 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		unications Commission of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
MSMOUNTS		and a state of the	Mineria de la membre de la mante	UUMINAA AAAAA AAAA UUMAA UUMINAA AAAAA AAAAA AAAAAAAAAAAAAAAAAAAAAA
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>i)</u> <040>	•
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	ver tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
	AND COMMENTS	4		Page 2 of 8
				onicine, manuamenosmanicarraniamianiaria
<010>	Study Area Code		448040	
<015> <020>	Study Area Name		Texas 10, LLC	
<030>	Program Year Contact Name - Person USAC should contact regarding t	his data	2017	
<035>	Contact Telephone Number - Number of person identifi		Chad Strausbaugh 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ed in data line <030>	cstrausbaugh@cellonenation.com	
Penorting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17025110		
<111>		17235110		
	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Driv	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		·
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118> <119>	Fax Number	6106885209		
<113>	Email Address	ďstrausbaugh@cellone	enation.com	
Contact In				
	if same as above, indicate in this box			
<120>		Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	e. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	nation.com	
	•			
Authorizae	Agent Information			
Authorizet	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City _			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report		FCC Form 690
		Ap proved by OMB OMB Control No. 3060-1185
	in the second second	Page 3 of 8

<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	448040_CPRd_TX.zip		
Coverage and Performace attachments			

<141> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population Block is uploaded per per Population per Newly Reached Reached by Census Newly Census (Yes/no) County Census Block Census Block State by Service Service Block Reached Block -- \$ee attached worksheet

	0		Ö
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	